

**AZ CCC Health Disparities Committee
Meeting Minutes
September 18, 2006**

Co-Chairs: Maria Tirado
Veronica Perez

Attendees:	Kendra Sabol	Ana Amador
	Jennifer Kjos	Marilyn Gardner
	Jeannette Dalrymple	Ross Merritt
	Barbara Kavanagh	Norm Petersen
	Tim Flood	Tracy Reardon
	Teresa Ewell	Melva Zerkoune
	Cynthia Claus	Jesse Nodora
	Agnes Attakai	Bill Rosenfeld
	Pattie King	Kim Russell
	Marc Leib	Kenton Laffoon

Call in: Jana Granillo
Christine Latas

Maria began the meeting with an overview of the agenda and tasks for the day.

Conference Evaluation Update – Maria Tirado, Veronica Perez

Maria and Veronica reviewed the results from the June disparities conference evaluations. A total of 114 people attended but just over 40 people completed the evaluations. Overall satisfaction with the conference was high and several suggestions were made for future conferences:

- Shorter sessions or fewer sessions/choices
- Raffle of prizes
- Time for networking
- Offer CEUs

In planning for the next conference, Veronica shared some of the ideas the task force had. These ideas included:

- Expand to a 2-day conference
- Seek coalition input regarding content
- Re-survey participants from this year's conference to assess usefulness of information
- Incorporate regionally-based conferences or issue specific conferences across the state
- CEUs offered at next conference
- Apply for CDC conference support funds

The committee will continue to be involved and updated as this issue progresses.

Matrix For Prioritizing Interventions to Address Disparities – Dr. Tim Flood

Dr. Tim Flood presented the group with a matrix highlighting data addressing health disparities in the American Indian population. The example matrix provides detail for the high priority cancer areas for the American Indian population. These include high incidence of cervical cancer, low incidence of tobacco use, late stage breast cancer, late stage colorectal cancer, under-utilization of end-of-life services, and unknown rates of risk factors. His matrix includes a recommended review process for addressing incidence and mortality, by asking the following questions:

- How do we choose areas in which to intervene for CCC?
- What is a cancer disparity? (From data perspective: incidence, mortality, stage, risk factors, screening)
- Which disparities are important to address? In some areas we want to intervene but don't have a way to capture data (Ex: quality of life)
- What are the opportunities for intervention (including research advances)? At what level?
- How do we engage the community?
- Which experts in cancer care are available and willing to consult with constituencies?
- What is the cost/benefit of the intervention? (U.S. Prevention Services Task Force recommendations)

The matrix itself includes columns addressing the questions listed above and Dr. Flood described examples for each area. Dr. Flood then asked the group for feedback and questions. Comments and questions from the group included the following:

- Question: It is difficult to measure cultural aspects that can impact behavior and health outcomes. Where do those fit on the matrix? This will drive whether people seek out health intervention.
 - Suggestion to add a column to matrix incorporating cultural issues and considerations to help promote interventions
- Comment: Cultural issues should be incorporated because they are related to the question "how to engage the community."
- Question: Literacy level is hard to quantify. How do we address the fact that some may not receive messages?
- Suggestion: Develop a companion piece to the matrix addressing action steps
- Suggestion: Prepare a paper addressing priority concerns and constraints with action options, cost information, and tools
- Comment: Matrix information is the direction the committee is heading toward. This is the type of guidance and information that the other CCC committees are expecting from the disparities committee

Dr. Flood also explained that the matrix includes the lesser opportunity cancers. He does not recommend them for intervention but may be a research opportunity. They include high

incidence of liver cancer, incidence of melanoma, high incidence of kidney and renal pelvis, incidence of pancreatic cancer, and incidence of prostate cancer. Questions and comments from the committee included:

- General agreement by the committee that they would like to see this type of matrix created for all race/ethnic groups in AZ, beginning with Hispanic. Dr. Flood has agreed to continue working on these matrices as long as the information is incorporated into the objectives and strategies for the committee.
- Question: Why is stomach cancer not reflected in the American Indian matrix?
 - Dr. Flood will pull out stomach cancer and update the matrix
- Comment: Caution against making a blanket statement not to have an intervention in prostate cancer.
- Question: Is it possible to have a matrix controlling for income & education level, rural & urban residence? There are some models that have been created in infectious disease.
 - Dr. Flood will review those models to see if it is possible for cancer

Southwest American Indian Collaborative Network (SAICN) Update – Kenton Laffoon

Kenton Laffoon provided the group with an update of the SAICN activities during the first year of funding. Five core areas make up the SAICN – research, data/evaluation, training, outreach, and administration.

Accomplishments include a memorandum of agreement (MOU) with the American Cancer Society (ACS), National Cancer Institute Cancer Information Service (NCI CIS), and Arizona State University (ASU). In year one, the goal was to give ownership of data and research to Tribes. It has been a challenge to come to an agreement regarding what can and cannot be published and details regarding ultimate decision-making.

Training & education – Cancer 101 trainings (from the NW Portland Indian Health Board) have been rolled out. SAICN is working with TGen on creating a Tribal genomics glossary by fall '07. A wellness & spirit conference is currently being developed and planned for March '07. A pain research project to develop instruments to assess views on pain is underway. There will be a Community Advisory Board training with healthcare providers and tribal health directors for information on statistics in collaboration with university students from the three state universities in AZ, as well as students from UT and NV.

The next round of pilot projects will begin in December. They will include an assessment about how Tribes feel about the HPV vaccine. SAICN will also identify Tribal communities to do a pilot patient navigator project. A survey will be conducted at service units on reservations regarding perceptions on cancer. And lastly, a pilot transportation project will be implemented to address transportation to HIS facilities for treatment (like from Yuma to Phoenix).

Questions/comments from the committee included:

- Question: Has the Cancer 101 module been presented to spiritual leaders?
 - Not specifically but one has attended a training

- Comment: Cancer 101 was developed by NW Portland Indian Health Board and Mayo Clinic and can be tailored as needed by community. Now being used in Asian and Hispanic communities
- Comment: Cancer 101 can be downloaded from the NW Portland Indian Health Board website
- Comment: Cancer 201 is in development
- Question: Who decides who works with SAICN on the Community Advisory Board?
 - The primary partners, Tribal Councils, Tribal health departments
- Comment: Sometimes the information is not disseminated to the community and don't have opportunity to hear or access information.

Objectives and Strategies – Maria Tirado, Veronica Perez

Due to time constraints, the committee was not able to complete work in this area. Therefore, another meeting will be scheduled to address this topic specifically. Maria and Veronica will email out the date for the next meeting.

Announcements

AZ Myeloma Network Charity Golf Tournament will be held on October 5

Mountain Park Health Center is involved with a cancer screening project using the chronic care model. A total of 37,000 patients (85% of which are Hispanic/Latino and mostly uninsured) will participate. For more information, contact Bill Rosenfeld at 602-323-3482.

NCI CIS is offering a Spanish version of Cancer 101 on November 1 (location TBD) and another offered in English for those that work with Spanish-speaking communities (location and date TBD). For more information, contact Maria Tirado at 520-626-0025.